AMENDMENT TRANSMITTAL LETTER					Docket No. 20050/0200474-US0	
Application No. 10/705,780-Conf. #4388				Examiner	Art Unit	
				J. F. Stephe	nens 3761	
olicant(s): Sato	oshi Mizutani e	t al.				
ention: INTERI	LABIAL PAD					
		THE COMMI				
ansmitted nere e fee has beer				ed application. elow.		
		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	24	- 48 =		х		
ndependent Claims	3	- 3 =		x		
Multiple Depend			_,		-	
————	——————————————————————————————————————					
Other fee (pleas	e specify): E	xtension for res	ponse within fi	rst month	120.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00	
x Large Entity		_		Small Entity		
 No additiona	I fee is require	d for this amer	ndment.			
=	ge Deposit Acc	_		the amount of \$		
	copy of this she			i the amount of \$	·	
¬	ne amount of \$			the filing fee is enc	losed	
=	credit card. Fo					
~ r a y mont by	orden dara. To				o. 04-0100	
					_ 120-131111	
	is hereby auth I below. A dup		•	Deposit Account Nenclosed.	o 04-0100	
as described	•	licate copy of t	•	•	6. <u>04-0100</u>	
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as described	I below. A dup ny overpaymen ny additional fili 2	licate copy of the state of the	this sheet is e	enclosed. ees required under (37 CFR 1.16 and 1.17.	
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